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Bib Data Sheet

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<b>SERIAL NUMBER</b> 10772,137	<b>FILING OR 371(c) DATE</b> 02/04/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> MAKO 2 00030
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/319,924 02/04/2003 and claims benefit of 60/444,824 02/04/2003  
 and claims benefit of 60/444,975 02/04/2003  
 and claims benefit of 60/445,078 02/04/2003  
 and claims benefit of 60/444,989 02/04/2003  
 and claims benefit of 60/444,988 02/04/2003  
 and claims benefit of 60/445,002 02/04/2003  
 and claims benefit of 60/445,001 02/04/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/06/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>None</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
027885

**TITLE**  
Portable, low-profile integrated computer, screen and keyboard for computer surgery applications

<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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